

**Early Learning Coalition of Florida's Gateway
1104 SW Main Blvd
Lake City, FL 32025**

Provider: _____ Month: _____

My child _____ Parent Signature: _____
(please circle the days absent)

was absent 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
due to the following:

SCHOOL READINESS CIRCUMSTANCES

- | | |
|--|---|
| <input type="checkbox"/> Illness requiring home stay | <input type="checkbox"/> Hospitalization of child or parent w/documentation |
| <input type="checkbox"/> Court ordered visitation | <input type="checkbox"/> Unforeseen military deployment |
| <input type="checkbox"/> Death in the immediate family | |

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